

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**20/545581**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6	/		/			
7		/		/		
8		/		/		
9		/		/		
10	/		/			
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17	/					
18	/		/			
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24	/					
25		①				
26		/		/		
27		/		/		
28		/		/		
29		/		/		
30		/		/		
31		②				
32	/					
33		/		/		
34		/		/		
35		3				
36		3				
37		3				
38		3				
39	/					
40		/		/		
41		/		/		
42		/		/		
43		/		/		
44	/		/			
45	/		/			
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	9	↓	5	↓		↓
TOTAL DEP.	52	←	31	←		←
TOTAL CLAIMS	61		36			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						